

**Medicaid Outpatient Drug Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

TEXAS

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy and Medically Needy.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

Some

Appetite stimulants, anorexic agents, and fat absorption-decreasing agents

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

Some

Antihistamines/combinations, antitussives, decongestants, and expectorants

Prescription vitamins and mineral products

Some

Single and multiple vitamins and minerals and combinations

Nonprescription drugs (Over-the-Counter)

Some

Coverage for the following categories when an item is a drug of choice for a common medical condition or is an appropriate economical and therapeutic alternative to a prescription drug item: Analgesics; anti-emetics; anti-inflammatory agents; anti-parasitics; dermatological agents; enzyme replacements; gastrointestinal agents including H-2 antagonists, proton pump inhibitors, laxatives, and antacids; insulin; ophthalmic agents; otic agents; respiratory agents; and therapeutic nutrients and electrolytes

Barbiturates

All

Benzodiazepines

All

TEXAS – Excluded Drug Coverage (continued)

Smoking Cessation (except dual eligibles as Part D will cover)

All

Texas will continue coverage of the above products to the extent they are covered for all Medicaid recipients as listed in the Texas Drug Code Index.

<http://www.hhsc.state.tx.us/HCF/vdp/dw/FormularySearch.html>

STATE WEBSITE

<http://www.hhsc.state.tx.us/HCF/vdp/vdpstart.html>